

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF _____, _____.

Name: _____	Court Name (if different): _____
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PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement)

Street Address, Apt. Number: _____	Home Phone: _____ Pager Phone: _____ Other Phone: _____
City, State, Zip Code: _____	Persons Living with you: _____
Complex/Subdivision: _____ Own or Rent? _____	Did you move during the month? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address (if different): _____	If yes, date moved: _____ Reason for Moving: _____

PART B: EMPLOYMENT (If unemployed, list source of support under Part D)

Name, Address, Phone No. of Employer: _____ _____ _____	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 5px;">Name of immediate supervisor: _____</td><td style="width: 40%; padding: 5px;">Is your employer aware of your criminal status? <input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td colspan="2" style="padding: 5px;">How many days of work did you miss? _____ Why? _____</td></tr><tr><td style="padding: 5px;">Position Held: _____</td><td style="padding: 5px;">Gross Income: _____</td><td style="padding: 5px;">Normal Work Hours: _____</td></tr></table>	Name of immediate supervisor: _____	Is your employer aware of your criminal status? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many days of work did you miss? _____ Why? _____		Position Held: _____	Gross Income: _____	Normal Work Hours: _____
Name of immediate supervisor: _____	Is your employer aware of your criminal status? <input type="checkbox"/> Yes <input type="checkbox"/> No							
How many days of work did you miss? _____ Why? _____								
Position Held: _____	Gross Income: _____	Normal Work Hours: _____						
Did you change jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No	If changed jobs or terminated, state when and why: _____							

PART C: VEHICLES (List all vehicles owned or driven by you)

1. Year/make/model: _____	Color: _____	Tag Number: _____	Owner: _____
2. Year/make/model: _____	Color: _____	Tag Number: _____	Owner: _____

PART D: MONTHLY FINANCIAL STATEMENT

<table style="width: 100%;"><tr><td style="width: 80%;">Net Income From Employment (Attach proof of earnings)</td><td style="width: 20%;">_____</td></tr><tr><td>Other Income:</td><td>_____</td></tr><tr><td>TOTAL MONTHLY INCOME</td><td>_____</td></tr><tr><td>TOTAL MONTHLY EXPENSES</td><td>_____</td></tr></table>	Net Income From Employment (Attach proof of earnings)	_____	Other Income:	_____	TOTAL MONTHLY INCOME	_____	TOTAL MONTHLY EXPENSES	_____	<table style="width: 100%;"><tr><td style="width: 70%;">Past Due Debts:</td><td style="width: 30%;">Amount Past Due:</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></table>	Past Due Debts:	Amount Past Due:	_____	_____	_____	_____	_____	_____
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Other Income:	_____																
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TOTAL MONTHLY EXPENSES	_____																
Past Due Debts:	Amount Past Due:																
_____	_____																
_____	_____																
_____	_____																
Do you have a checking account? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: _____ Bank Name: _____ Account Number: _____	Do you have a savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Individual <input type="checkbox"/> Joint Balance: _____ Bank Name: _____ Account Number: _____																

List all purchases of individual goods or services for which you paid \$500 or more:

Date	Amount	Method of Payment	Description of Item
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART E: COMPLIANCE WITH CONDITIONS OF SUPERVISION DURING THE PAST MONTH

Were you questioned by any law enforcement officers?

☐ Yes ☐ No

If yes, date: _____

Agency: _____

Reason: _____

Were you arrested or named as a defendant in any criminal case?

☐ Yes ☐ No

If yes, when & where? _____

Charges: _____

Disposition: _____

(Attach copy of citation, receipt, charges, disposition, etc.)

Were any pending charges disposed of during the month?

☐ Yes ☐ No

If yes, date: _____

Court: _____

Disposition: _____

Was anyone in your household arrested or questioned by law enforcement?

☐ Yes ☐ No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☐ No

If yes, whom? _____

Did you possess or have access to a firearm?

☐ Yes ☐ No

If yes, why? _____

Did you possess or use any illegal drugs?

☐ Yes ☐ No

If yes, type of drug: _____

Did you travel outside the district without permission?

☐ Yes ☐ No

If yes, when and where? _____

Do you have a special assessment, restitution or fine?

☐ Yes

☐ No

If yes, amount paid during the month:

Special assessment: _____

Restitution _____

Fine: _____

NOTE: ALL PAYMENTS TO BE MADE BY MONEY ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.

Do you have community service work to perform?

☐ Yes ☐ No

Number of hours completed this month: _____

Number of hours missed: _____

Balance of hours remaining: _____

Do you have drug, alcohol or mental health aftercare?

☐ Yes ☐ No

If yes, did you miss any sessions during this month?

☐ Yes ☐ No

Did you fail to respond to phone recorder instructions?

☐ Yes ☐ No

If yes, why? _____

WARNING: ANY FALSE STATEMENTS MAY RESULT IN REVOCATION OF PROBATION, SUPERVISED RELEASE OR PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE OR BOTH.

(18 U.S.C. § 1001)

I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.

SIGNATURE _____

DATE _____

REMARKS:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

U.S. Probation Officer _____

Date _____